	FILED	-1
	NOV 21 2017	
L	ARTHUR JOHNSTON	

CASE NO. 1:17cr 56-1480-XG-8 USA
vs. Thmas Ellioff Williams PLAINTIFF'S EXHIBIT G-1
DATE IDEN. DATE IDEN. BY _A.
AO 386

SOUTHERN DISTRICT OF MISSISSIPPI

ADMISSION/DENIAL REPORT

REPORT OF POSITIVE URINALYSIS				
Name: Thomas Williams Docket No.: 1:17er56				
Date Sample Taken: 8/30/17 PACTS No.: 374 7243				
Results of Urinalysis: Positive For: Marijnana (TI4c)				
You are provided with written notice of a positive test result for a urine specimen submitted by you on the date indicated above. Use of prohibited substances (which includes drugs prescribed for someone other than you by a licensed physician) constitutes a violation of your release conditions. Positive test results, whether admitted or denied, are reported to the court and may result in a court hearing to determine if you are in violation of the conditions of your release. During this hearing you have the right to representation by counsel, and an attorney will be appointed for you if you cannot afford one. I HAVE READ AND UNDERSTAND THIS NOTICE, AND I AM AWARE OF MY RIGHTS TO				
A HEARING. Initial One:				
I admit to illegal use of a prohibited controlled substance as indicated by the above-reported				
urine test result. I deny illegal use of a prohibited controlled substance as indicated by the above-reported urine test result.				
Signature of Client Witnessed By				
8/30/17 Date 8/30/17				
Comments:				
smoked 1 blust on 8/24/17 while watching				
the boxing match CTW)				
GOVERNMENT				



Drug Test Report

1111 Newton Street

Gretna, LA 70053

(800) 433-3823 - (504) 361-8989

FAX: (504) 361-8298

MISSISSIPPI SOUTHERN - PRETRIAL GULFPORT

KURT RAYMOND 2010 15TH STREET

GULFPORT, MS 39501-2022

Account Number: 05380001S
Div. Office Number: 05380003S

National Lab Number: 49800101 Specimen ID Number: B02575185

Specimen Type: URINE

Facility Phone: 228-563-1850

Fax: 0000000000

Collection Site Number: 05380003S PACTS Number

PACTS Number: 3747243

Collection Site Name: MISSISSIPPI SOUTHERN PRETRIAL-GULFPORT

Onsite Test ID: 0

Collection Site Address: 2010 15 TH ST.

Case Officer Initials:

Collection Site City, State Zip: GULFPORT, MS 39501

Collector Name

Collection Site Phone: 228-563-1850 Collection Site Fax: 000-000-0000 BANG BRANDON

Donor Name/ID: WILLIAMS

Date Collected:

8/30/2017

Reason for Drug Test: URINE SURVEILLANCE

Date Received: Date Reported: 9/1/2017 9/4/2017

BRB

Panel Description: CLIN 1098 - THC CONF

Drug Test Result

Drug/Remark

Quantitative Value

POSITIVE

Description

Validity Test

Hq

MARIJUANA METABOLITE

Confirmation Method: GC/MS and/or LC-MS/MS

The following drugs and/or drug classes were tested at the indicated threshold (cut-off) levels:

Screening Confirmation

<u>Result</u>

Level

Level 15 ng/ml

POSITIVE

MARIJUANA METABOLITE

Result

NI - - - - I

Normal Range

CREATININE

NORMAL

> 20 mg/dL

SPECIFIC GRAVITY

NORMAL

= or > 1.0030 - < 1.0450

NORMAL

= or > 4.0 - < 10

Sussm

BANG BRANDON

COLLECTOR NAME

CODE-A-PHONE PARTICIPANTS NEW PROCEDURE EXPLANATION/INSTRUCTIONS

		OCEDURE EXPLANATIO		
	71	414/10 mg C	Note Enrolle	7/30/17
Participant's Na	me /nomus	WILLIAMI)	Date Date of	
Probation Office Officer. Failure Color Code day (USPO) to addi legitimate reas probation/pretr	e, during the next e e to call for instruction is a violation of su ress. You are also on for failing to r	ight hour work day period ons during this time frame pervision conditions and w required to provide additieport on your Color Coty officer. Legitimate reaso approved travel out of tow	Date Enrolled to call in every evening betons. You will be assigned a report, between 8 am and to leave a urine screen s OR failure to report for a will be reported to your U. tonal urine screens as installed day, you are to call this to miss a Color Code urin, any other USPO pre-appropriate to the contract of the co	urine screen on your S. Probation Officer ructed. IF you have and talk with your ine screen are: illness
INSTRUCT	ONS:			
1.	You will be assig	gned a Color Code and it YOUR COLOR	will be written on your	DAC contract form
2.	Call every ever following morni be notified whet	ning, Sunday through Ting, to the U.S. Probation ther or not you are requir	hursday, between 6 properties of the control of the	n and 8 am of the 563-1871. You will a for a urine sample.
3.		e at 2010 15 th Street, Gul ad provide a urine screen	he message, you are to fport, MS between 8 am. Tell the Duty Officer	
If your Color Co	ode is <u>NOT</u> annou her instructions.	nced, do not report for	a Color Code urine sc	reen and call again each
EXAMPLE: Your a Blue group is require 8 am and 4:15 pm, a	ussigned Color Code is ed to report in and prov and leave a urine scree	en.		ktension instructions say, "The vorking day, Tuesday, between
Alternative Example approved travel on	le: If you called and Tuesday, you are still	heard the same announceme required to call and talk to th	ent, as in the previous exam ne Duty Officer the next day	ple, but you had prior USPO
NOTE: Your USP NOT replace urine the drug aftercare direct you to do so	O may request addit screens left with the counselor, you must on a particular Tue	ional random urine screens drug aftercare vendor, so e still leave a urine screen at sday.	 Additionally, the Color (ven if you are scheduled for the U.S. Probation Office i 	Code DAC urine screens <u>DO</u> r a Tuesday urine screen with f the Color Code instructions
Remember, failure conditions. If you	e to call in for instruc have any questions,	tions or report on your Col	.,	violation of your supervision
Signed, the 30	Day of A		· ·	SPO
			1	

PS 38

RELEASE STATUS REPORT TO THE COURT

(7/93)

Report of Violation

DEFENDANT Thomas Elliott Williams DOCKET NO. 1:17cr56-HSO-JCG-8				
DISTRICT Southern District of Mississippi	BEFORE JUDGE Honorable John C. Gargiulo			
INITIAL APPEARANCE DATE 06/29/2017	RELEASE DATE 06/29/2017			
MAGISTRATE JUDGE Honorable John C. Gargiulo				
CONDITIONS OF RELEASE:				
☑ PRETRIAL SUPERVISION	SURRENDER PASSPORT ■			
SEEK/MAINTAIN EMPLOYMENT	☑ DO NOT OBTAIN PASSPORT			
SUBMIT TO COUNSELING AS DEEMED APPROPRIATE BY PRETRIAL SERVICES	REFRAIN FROM EXCESSIVE USE OF ALCOHOL OR ANY CONTROLLED			
☑ DRUG/ALCOHOL MONITORING				
☐ THIRD PARTY CUSTODY TO				
▼ TRAVEL RESTRICTIONS Southern District of Mississipper	ni			
OTHER				
DEFENDANT HAS MET CONDITIONS OF RELEASE YES NO				
CONDITIONS OF RELEASE NOT MET AND THE ACTIVITIES OF THE OFFICER TO BRING THE DEFENDANT INTO				
COMPLIANCE: On August 30, 2017, the defendant tested positive for marijuana. The o	defendant admitted to the use of marijuana on August 26, 2017. The defendant			
was verbally reprimanded and has been placed on increased urine surveillance.				
RECOMMENDATION: Probation respectfully requests no court action at this time. The defendant will be closely monitored in reference to his narcotics use.				
9/1/17 DATE	U.S. PRETRIAL SERVICES OFFICER			
 □ Submit a Request for Modifying the Conditions or Term of Supervision □ Submit a Request for Warrant or Summons 				
Agree With the Above Listed Action of the U.S. Probation Officer				
□ Other				
	Signature of Judicial Officer / Date			

SOUTHERN DISTRICT OF MISSISSIPPI ADMISSION/DENIAL REPORT

	REPORT OF POSITIVI	E URINALYSIS
	: Thomas Williams	PACTS No.: 3747243
Date S	Sample Taken: 10/13/17	
Result	ts of Urinalysis: Positive For:	
includ a viol are re violat	You are provided with written notice of a litted by you on the date indicated above les drugs prescribed for someone other than ation of your release conditions. Positive to eported to the court and may result in a clion of the conditions of your release. Durentation by counsel, and an attorney will be	Use of prohibited substances (which you by a licensed physician) constitutes test results, whether admitted or denied, ourt hearing to determine if you are in ring this hearing you have the right to
	VE READ AND UNDERSTAND THIS N ITS TO A HEARING.	OTICE, AND I AM AWARE OF MY
Initial	l One:	
	I admit to illegal use of a prohibited control above-reported urine test result.	olled substance as indicated by the
Ø	I deny illegal use of a prohibited controlle reported urine test result.	d substance as indicated by the above-
	I admit to the use of a synthetic cannabing indicated by the above-reported urine test	
	I deny illegal use of a synthetic cannabino indicated by the above-reported urine test	
Sign	APE. WWO -	Witnessed By
	10/13	10/13/17
Date		Date '



POSITIVE

Drug Test Report

1111 Newton Street

Gretna, LA 70053

(800) 433-3823 - (504) 361-8989

FAX: (504) 361-8298

MISSISSIPPI SOUTHERN - PRETRIAL GULFPORT

KURT RAYMOND 2010 15TH STREET

Facility Phone: 228-563-1850

GULFPORT, MS 39501-2022

Fax: 0000000000

Account Number: 05380001S

Div. Office Number: 05380003S National Lab Number: 50086108

Specimen ID Number: B02572793

URINE Specimen Type:

MARIJUANA METABOLITE

Collection Site Number: 05380003S PACTS Number: 3747243

Collection Site Name: MISSISSIPPI SOUTHERN PRETRIAL-GULFPORT Onsite Test ID:

BRB Case Officer Initials: Collection Site Address: 2010 15 TH ST.

Collection Site City, State Zip: GULFPORT, MS 39501 Collector Name

Collection Site Phone: 228-563-1850 BANG BRANDON

Collection Site Fax: 000-000-0000

Date Collected: 10/13/2017 Donor Name/ID: WILLIAMS

Date Received: 10/14/2017 Date Reported: 10/16/2017

Reason for Drug Test: URINE SURVEILLANCE

Panel Description: CLIN 1098 - THC CONF

Quantitative Value Drug Test Result Drug/Remark

Confirmation Method: GC/MS and/or LC-MS/MS

The following drugs and/or drug classes were tested at the indicated threshold (cut-off) levels:

Screening Confirmation Result Description Level Level

15 ng/ml POSITIVE MARIJUANA METABOLITE

Normal Range Result Validity Test > 20 mg/dL NORMAL **CREATININE**

= or > 1.0030 - < 1.0450NORMAL SPECIFIC GRAVITY

= or > 4.0 - < 10**NORMAL** pH

Carole Vigon

BANG BRANDON

№PROB/PTS 4 (03/05)

SOUTHERN DISTRICT OF MISSISSIPPI

ADMISSION/DENIAL REPORT

REPORT OF POSITIVE URINALYSIS				
Name: Thomas Williams	Docket No.: /:17cr56-HSO-506			
Date Sample Taken: 10/25/17	PACTS No.: 3747243			
Results of Urinalysis: Positive For:				
You are provided with written notice of a poryou on the date indicated above. Use of prohibited someone other than you by a licensed physician) cornesitive test results, whether admitted or denied, are hearing to determine if you are in violation of the conhave the right to representation by counsel, and an afford one. I HAVE READ AND UNDERSTAND THIS NOTA HEARING.	estitutes a violation of your release conditions. The reported to the court and may result in a court and it is not a court and it			
urine test result.	ed substance as indicated by the above-reported substance as indicated by the above-reported			
Signature of Client	Witnessed By			
10/25/17 Date	10/25/17 Date			
Comments: - Smoked two weeks ago. I blund - Third to have denving smoke	ing at last U.A. Screen . Tw			

AO 199A (Rev. 12/11) Order Setting Conditions of Release

Page 1 of 3 Pages

	UNITED STATES DISTRICT COURT
	for the SOUTHERN DISTRICT OF MISSISSIPPI
	Southern District of Mississippi United States of America v. Case No. 1:17-cr-00056-HSO-JCG Thomas Elliott Williams Defendant
	ORDER SETTING CONDITIONS OF RELEASE
IT I (1) (2) (3)	S ORDERED that the defendant's release is subject to these conditions: The defendant must not violate federal, state, or local law while on release. The defendant must cooperate in the collection of a DNA sample if it is authorized by 42 U.S.C. § 14135a. The defendant must advise the court or the pretrial services office or supervising officer in writing before making any change of residence or telephone number.
(4)	The defendant must appear in court as required and, if convicted, must surrender as directed to serve a sentence that the court may impose.
	The defendant must appear at: Place
	r ace
	on
	Date and Time

If blank, defendant will be notified of next appearance.

(5) The defendant must sign an Appearance Bond, if ordered.

" AO 199B (Rev. 12/11) Additional Conditions of Release

Page	2	of	3	Pages

TIS FURTHER ORDERED that the defendant's release is subject to the conditions marked below:	
Person or organization Address (only if above is an organization) City and state who agrees to (a) supervise the defendant, (b) use every effort to assure the defendant's appearance at all court proceedings, and (c) notify the emmediately if the defendant violates a condition of release or is no longer in the custodian's custody. Signed: Custodian Date X) (7) The defendant must: (X) (a) submit to supervision by and report for supervision to the telephone number 228-563-1850, no later than (X) (b) continue or actively seek employment. (C) (c) continue or actively seek employment. (X) (d) surrender any passport to: US Probation Officer, or, if you do not have a passport, (X) (e) not obtain a passport or other international travel document. (X) (f) abide by the following restrictions on personal association, residence, or travel: Southern District of Mississippi. Other travel must pre-cleared with Pretrial Services Officer. (X) (g) avoid all contact, directly or indirectly, with any person who is or may be a victim or witness in the investigation or prosecution, including: Co-defendant(s), if any; any person under indictment, on bond, parole, probation or supervised release for a felony offen (□) (h) get medical or psychiatric treatment: (□) (i) maintain residence at a halfway house or community corrections center, as the pretrial services office or supervising officer considers necessary. (X) (k) not possess a firearm, destructive device, or other weapon. (X) (ii) not use alcohol (□) at all (X) excessively. (X) (m) not use alcohol (□) at all (X) excessively. (X) (m) not use alcohol (□) at all (X) excessively. (X) (m) not use alcohol (□) at all (X) excessively. (X) (n) a submit to testing for a prohibited substance if required by the pretrial services office or supervising officer. Testing may be used random frequency and may include urine testing, the wearing of a sweat patch, a remote alcohol testing system, and/or any for prohibited substance screening or testing. The defendant must not obstruct, attempt t	
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() (p) participate in one of the following location restriction programs and comply with its requirements as directed. () (i) Curfew. You are restricted to your residence every day () from to, or () as	
directed by the pretrial services office or supervising officer; or	
(() (ii) Home Detention. You are restricted to your residence at all times except for employment; education; religious serv medical, substance abuse, or mental health treatment; attorney visits; court appearances; court-ordered obligations; or activities approved in advance by the pretrial services office or supervising officer; or	
() (iii) Home Incarceration. You are restricted to 24-hour-a-day lock-down at your residence except for medical necessities and court appearances or other activities specifically approved by the court.	id
() (q) submit to location monitoring as directed by the pretrial services office or supervising officer and comply with all of the program	
requirements and instructions provided. () You must pay all or part of the cost of the program based on your ability to pay as determined by the pretrial services office or supervising officer.	•
(X) (r) report as soon as possible, to the pretrial services office or supervising officer, every contact with law enforcement personnel, includi arrests, questioning, or traffic stops.	ing
(X) (s) Prior to having a prescription filled, defendant is to check with the Probation Officer to confirm that the drug is not on a restricted list You shall not frequent places where controlled substances are illegally sold, used, distributed, or administered and you shall not associate with any persons engaged in criminal activity. You shall refrain from the use of any mood altering substance.	it.

Page 3 of 3 Pages

ADVICE OF PENALTIES AND SANCTIONS

TO THE DEFENDANT:

YOU ARE ADVISED OF THE FOLLOWING PENALTIES AND SANCTIONS:

Violating any of the foregoing conditions of release may result in the immediate issuance of a warrant for your arrest, a revocation of your release, an order of detention, a forfeiture of any bond, and a prosecution for contempt of court and could result in imprisonment, a fine, or both.

While on release, if you commit a federal felony offense the punishment is an additional prison term of not more than ten years and for a federal misdemeanor offense the punishment is an additional prison term of not more than one year. This sentence will be consecutive (i.e., in addition to) to any other sentence you receive.

It is a crime punishable by up to ten years in prison, and a \$250,000 fine, or both, to: obstruct a criminal investigation; tamper with a witness, victim, or informant; retaliate or attempt to retaliate against a witness, victim, or informant; or intimidate or attempt to intimidate a witness, victim, juror, informant, or officer of the court. The penalties for tampering, retaliation, or intimidation are significantly more serious if they involve a killing or attempted killing.

If, after release, you knowingly fail to appear as the conditions of release require, or to surrender to serve a sentence, you may be prosecuted for failing to appear or surrender and additional punishment may be imposed. If you are convicted of:

- (1) an offense punishable by death, life imprisonment, or imprisonment for a term of fifteen years or more you will be fined not more than \$250,000 or imprisoned for not more than 10 years, or both;
- (2) an offense punishable by imprisonment for a term of five years or more, but less than fifteen years you will be fined not more than \$250,000 or imprisoned for not more than five years, or both;
- (3) any other felony you will be fined not more than \$250,000 or imprisoned not more than two years, or both;
- (4) a misdemeanor you will be fined not more than \$100,000 or imprisoned not more than one year, or both.

A term of imprisonment imposed for failure to appear or surrender will be consecutive to any other sentence you receive. In addition, a failure to appear or surrender may result in the forfeiture of any bond posted.

Acknowledgment of the Defendant

I acknowledge that I am the defendant in this case and that I am aware of the conditions of release. I promise to obey all conditions of release, to appear as directed, and surrender to serve any sentence imposed. I am aware of the penalties and sanctions set forth above.

Defendant's Signature

Gwffort, MS

City and State

Directions to the United States Marshal

	has posted bond and/or complied with all other conditions for re-	in custody until notified by the clerk or judge that the defendant elease. If still in custody, the defendant must be produced before
	the appropriate judge at the time and place specified.	
Date:	6/29/2017	m
	1 1	Judicial Officer's Signature
		John C. Gargiulo, U.S. Magistrate Judge
		Printed name and title